Information Exchange Workgroup
Draft Transcript
December 6, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Good afternoon, everybody, and welcome to the Information Exchange Workgroup. This is a federal advisory committee call, so there will be opportunity at the end of the meeting for the public to make comment, and a reminder, please, for workgroup members to identify yourselves when speaking.

Let me do a quick roll call. Micky Tripathi?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
David Lansky?

David Lansky – Pacific Business Group on Health – President & CEO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Carl Dvorak?

Carl Dvorak – Epic Systems – EVP
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Connie Delaney? Gayle Harrell? Deven McGraw? Latanya Sweeney? Charles Kennedy? Paul Egerman?

Paul Egerman – Software Entrepreneur
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Jim Golden?

James Golden – Minnesota Dept. of Health – Director of Health Policy Division
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Dave Goetz?

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Jonah Frohlich will be dialing in a little late. Steve Stack?

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
George Hripcsak?

George Hripcsak - Dept. of Biomedical Informatics Columbia University – Chair
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Seth Foldy? He's on, but he might not be on for the entire time. Jim Buehler can't make it. Walter Suarez?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
David Ross also cannot make the call. Hunt Blair is on, but driving in a car. George Oestreich can't make it. Kory Mertz, are you on?

Kory Mertz – NCSL – Policy Associate
I'm on, Judy.

Judy Sparrow – Office of the National Coordinator – Executive Director
Anybody else? Did I leave anybody off?

Art Davidson – Public Health Informatics at Denver Public Health – Director
This is Art Davidson.

Judy Sparrow – Office of the National Coordinator – Executive Director
I'll turn it over to Micky.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Good morning, everyone, both for members of the workgroup and any members of the public who are listening in for this meeting of the Information Exchange Workgroup. What we would like to cover today is depicted on slide two, if we could move it forward. I'm not logged into the WebEx yet, so if we could move to slide two is three general areas.

In general, we're continuing our conversation about entity level provider directories and readjusting our timelines a little bit with respect to consideration of the individual level provider directories. So would like to get some workgroup input on both those elements: one, the continuation of the conversation of the entity level provider directories, particularly as it relates to the policy levers, the policy options, as we described, and then starting to tee up when would be the appropriate timeline for the individual level provider directory conversation. We want to review the HIT Policy Committee meeting from a couple weeks ago, talk a little bit about the timeline, and then focus on the possible policy options for promoting creation of the so called ELPDs.

Before I do that, let me ask my co-chair, David Lansky, if he has anything else that he'd like to add or just a general welcome to everyone.

David Lansky – Pacific Business Group on Health – President & CEO
A general welcome, and my appreciation to everybody for having moved the process along so expeditiously. We passed muster with the Policy Committee. That's very encouraging, so I think we're on the right track getting general support from the larger HIT Policy Committee, and they're looking forward to us proceeding down this path. Micky, thank you for leading us along a really great process.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Why don't we jump in then? On slide three, we have the map of the provider directory process that we had laid out with our co-chairs. I heard Walter is on the phone, so let me recognize Walter Suarez, who is

one of the co-chairs of the Provider Directory Taskforce, and I think Jonah Frohlich from California will be joining us a little bit later, who have been instrumental in leading us through this.

The roadmap that you see here has been something that the workgroup members have seen before, but just to place us with respect to where we are in the process, we did present recommendations, as depicted on the left side of the recommendations on directory requirements and options. Which we will review in a second just to give everyone sort of an update on what exactly happened at the Policy Committee meeting. As David suggested, our recommendations were approved, but just to refresh everyone's memory about that. Then just to use that as the foundation for the further discussion that we'd like to have about the policy recommendations, namely sort of what policy levers might we think are important, to try to instantiate in the market the recommendations that were approved with respect to approaches to the characteristics of an entity level provider directory. I know that was sort of a tortured way of saying it, but hopefully everyone understands what we're trying to accomplish here.

Let me just say before diving in that the next Policy Committee meeting is on a week from, when is it?

Judy Sparrow – Office of the National Coordinator – Executive Director
Today, a week from today.

Gayle Harrell – Florida – State Representative
Monday.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right, it's Monday. Right, so we haven't had the opportunity, I think, just because of schedules, and we had an intervening election and a whole bunch of stuff that has prevented our having enough Provider Directory Taskforce meetings, I think, to consider this at the taskforce level, consider sort of the policy recommendations. We're using this information exchange full workgroup meeting really as a way to have the conversation about the policy levers. At least from my perspective, and, David, please weigh in here, I think that we've teed up some questions to have the conversation. I think it would be terrific if we were able to move forward with perhaps a set of principles that we might be able to recommend at the Policy Committee on Monday, and that we can sort of take from this conversation, areas of consensus. Then try to offline via e-mail sort of crystallize those into a set of recommendations that we can do offline and get the workgroup consensus, and then I'll recommend them.

But I would just say that we're not trying to push the process faster than it can go, so if we're not able to get there, then we're not able to get there. We'll just have to do it at the January meeting, but just wanted to set everyone's expectations appropriately about, we're not trying to push anything faster than it can go, and we recognize that we haven't had enough time at the taskforce level or at the working group level to really fully consider all of these issues. But also don't want to preclude the possibility that we might be able to get to something in the conversation and in the ensuing offline time that we'll have between now and Monday, or actually later in the week when I know we'll have to have the presentation wrapped up for Judy to insert into the process.

David, does that sound like the proper approach?

David Lansky – Pacific Business Group on Health – President & CEO
Yes, I think that's fine.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Why don't we jump into first on slide four, just the one sentence about the fact that our recommendations were accepted by the committee? We had a great conversation, I thought, at the committee level. I'd welcome anyone who is on the Policy Committee to give their perspective if they'd like to share anything. But it seemed like it was a good conversation with quite a few questions. But at the end of the day, the committee did recommend or approve all of our recommendations, and we're now just formulating that in a transmittal level that will be sent to them.

The recommendations—I've just, in the next three slides, pulled out from that slide deck the exact recommendations that we gave to them, and that they approved. So on slide five, we broke it up into, there were a set of recommendations about the entities. What entities ought to be listed in an entity level provider directory? What's the scope of the directory with respect to the entities that would be in it? The second set of recommendations regarding the functionality of the entity level provider directory, so what types of functions should it perform.

Moving to slide six, what ought to be the content. For each entry, each entity that is listed, what is the type of information that we would expect to see on that entity in order to fulfill the functional requirements and capabilities that we have agreed that we want the entity level provider directory to perform. Then, finally, moving to slide seven, some thoughts on the business model and the operating approach. Maybe it's worth spending just a second on this because this is really going to be the launching point for our conversation.

The approach, as you may recall, was to have sort of a nationally coordinated, but federated approach toward entity level provider directories with a couple of key features. One would be the concept of certified or accredited registrars that have agreed, under a certain set of terms, to follow a set of standards or a set of processes or guidelines related to entity level provider directories that would be further articulated. A set of national guidelines so that those certified registrars are nationally coordinated. So that it is sort of orchestrated at a national level, but federated with respect to how it is instantiated in the market and would, therefore, allow a number of market entrants to be those registrar kinds of organizations according to what works best in the market. That there would be a sense that the orchestration is both about having a set of common guidelines and common standards, but also about that then therefore enabling the sort of creation of a system that has component parts. But that information in one registrar is recognized across the system so that, from a user perspective, it is seen as a seamless system, even though it is really a federated system.

Then, finally, that the entity level provider directories would be maintained by the registrars with that cross-referencing through the system, sort of similar to DNS, which is similar to the last point. We did discuss that there are some possible roles of the federal government in this model. So the question would be, from our perspective as a working group, what would be our recommendations about some actions that the federal government might take to accelerate the creation of such entity level provider directories and the adoption of them and sustainability going forward, which I think is really sort of the topic of conversation today.

Let me pause here and see if any members of the Policy Committee or any members of the workgroup, but certainly those who were on the Policy Committee and where there might want to offer any of their thoughts.

Paul Egerman – Software Entrepreneur
My only comment is that I thought, Micky, you did a great job in presenting what's a fairly complicated issue, so I think people understood it, and I thought it was a great presentation. In fact, I think you advanced it farther than I might have expected. Usually there's pushback, but there was no pushback. This is very good.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Thank you.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
It sounded, in my recollection of the Policy Committee deliberations and Paul being here can provide some confirmation of this or correction, but this is very consistent with the direction that the Security and Privacy Tiger Team is also taking with respect to the work that they're doing on different areas like authentication and those kinds of things. This is consistent with that as well, right?

Paul Egerman – Software Entrepreneur

Yes, it's completely consistent. At the same time that Micky made this presentation, the tiger team made a presentation and recommendation on provider entity authentication that was approved. It actually went a step further than the directories in that we also recommended that the Standards Committee create a standard for it and that there be certification criteria for testing EHR systems in stage two against their ability to use that authentication process. That's completely consistent with the directory.

Art Davidson – Public Health Informatics at Denver Public Health – Director
I totally agree with Paul that it's consistent, but one of the things on Paul's list, if I recall correctly, was personal health record providers. I don't know that we have that among the entities here and whether we think that would be an entity to be considered.

Paul Egerman – Software Entrepreneur
It's an excellent observation, Art. It actually wasn't my list. It was the tiger team's list, but that was a list of examples of who would be authenticated. That is perhaps one place where we're not precisely in synch, but it would seem to me that's not inconsistent.

Art Davidson – Public Health Informatics at Denver Public Health – Director
No, absolutely not.

Paul Egerman – Software Entrepreneur
I think you could add that ….

Art Davidson – Public Health Informatics at Denver Public Health – Director
Just be added. Right.

Paul Egerman – Software Entrepreneur
Yes, to the list, and we just thought of who you would normally be involved with in terms of information exchange, and some of these PHR vendors, if that's the right word for them, but the organizations that offer the PHR systems would be a reasonable organization for healthcare providers to interact with. So I would think you'd include them in the directory also. In fact, you'd probably have to do that.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Are there other thoughts on that particular point because I think in the—and I don't have the full set of slides here, and I only extracted pieces of the recommendations, but Walter, maybe you can refresh our memory. I think there was one part where, on the entities thing, we actually specifically said on the second slide that this does not really consider, at the entity level, patient access to the directories.

Paul Egerman – Software Entrepreneur
Yes, but Micky, I wasn't talking about patient access. I was talking about organizations like Microsoft has something, and Google Health has something. That those organizations might be listed in the directory and might need to be authenticated so that if the patient has their healthcare provider send, I'd like you to send a copy of my data to this organization, that they'd be able to ….

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
I see, so HealthVault is the entity.

Paul Egerman – Software Entrepreneur
HealthVault is the entity, for example. In other words, that's what I meant by PHR vendor. Perhaps I used poor terminology.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Yes. In our recommendations of the users in the more detailed slide, we listed sort of four categories of who should be considered to be included in an entity level provider directory. Healthcare provider organization, we gave hospital, clinical, nursing home, examples like that. Other healthcare organizations like health plans, public health agencies, health information organizations. Then we said other organizations involving the exchange of information. We included two examples, but only, as examples,

business associates and clearinghouses. I do agree. I think personal health record vendors, to call them some way, would be an entity that would certainly qualify in the sense that they are expected to be involved in information exchanges.

Carl Dvorak – Epic Systems – EVP
I think, Walter, one thing that was interesting, as you went through that list, is it seems to be a list of HIPAA covered entities or business associates. With HIPAA covered entities, but a few of the bigger PHR vendors are actually shying away from being either a HIPAA covered entity or a business associate. So I think there may be a difference there to at least note for further follow-up. It may be that sort of the price of admission to the directory might be that you'd have to subscribe to a certain common framework for privacy or to HIPAA business association … or something like that.

David Lansky – Pacific Business Group on Health – President & CEO
… be cautious in how we tackle this one, and just not do it too quickly without talking to some of the vendors and some of the advocates from the privacy community.

Deven McGraw – Center for Democracy & Technology – Director
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
I think one of the advantages of the PHR model architecturally was that it was under patient control and not subject to a lot of overhead of the regulatory or otherwise, which is why some of the vendors are shying away from it.

Paul Egerman – Software Entrepreneur
Yes. I think this is all an interesting issue, but I think we might be getting too far into the weeds into an area that might distract us from what Micky and David need to accomplish in this call. Because the basic issue is there is consistency between what we said in provider level authentication and what we have here in the directories in that we just said it's organizations or entities involved with health information exchange. The only inconsistency was we choose, rightly or wrongly, an example that was a little bit different than the examples that you're giving. But the basic recommendation is the same recommendation. So I think we might want to put this issue—because Carl raises a good issue, as to whether or not these are business associates because there is an issue there that vendors have. Another vendor has raised this exact same issue, which is, if I transmit data to these people, what's the liability situation there … business associate agreement with them?

M
Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Let's ….

Paul Egerman – Software Entrepreneur
That's a thorny and it's an interesting issue, but let's leave that aside for right now. Right now, the main recommendation on the directory side and the main comment is it is consistent with the provider authentication recommendation. We do have a privacy issue that we probably have to talk about though.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
In fact, maybe a final quick comment. In our own basic common, terminology recommendations in the same slide deck that was presented to the Policy Committee, we defined entity as any organization involved in the exchange of patient health information, including submitter, receiver, requestors, and providers of such information. It's very encompassing, if you will, and so I do understand, of course, that in the examples we kind of tended to provide examples that fell, all of them, under the common for more traditional definition of a HIIPAA covered entity or business associate, but we'll need to consider that extension and inclusion of other entities.

Deven McGraw – Center for Democracy & Technology – Director
I've been on the whole time, but it's very frustrating to talk when they put you in the public line. You feel like you're talking to yourself.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
I'm sure your comments were gripping.

Deven McGraw – Center for Democracy & Technology – Director
But you've definitely moved past where I am, other than to say, I don't think that necessarily we ought to put vendors of independent PHRs who are acting on behalf of patients and at the request necessarily in an entity level provider directory. I'm not sure that's the way that that data gets appropriately routed because it's all based on patient requests, so it's a little bit like thinking about whether patients have access to a directory. I think it's sufficiently different. It's not that there isn't a need to make sure that when the patient directs the data to go into his or her PHR account that from an entity level authentication perspective it's getting into the right place. But I'm struggling with where they would fit in, in a provider directory, when patients are opening up these accounts today, and I don't think that's the way that stuff gets routed.

Gayle Harrell – Florida – State Representative
I think we need to have a whole separate conversation about PHRs. They're quite a different entity. I would hope that at some point both the Privacy and Security Committee, taskforce, tiger team, and also the exchange group have a very specific conversation together perhaps on PHRs because they can be the wild west out there as well. That whole conversation has been shelved for the last six months, and I think we really need to have that conversation.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Right. Just to pile on, I think preserving the autonomy and the flexibility and the ability of the patient to direct and use a PHR in the way they optimally want to do it is very desirable. But providers of care, I think, are going to have great consternation if they are somehow part of a link of events that has protected information at their authorization going out to a PHR, and somehow they get in trouble for violating the privacy laws. I think, clearly, this is not what we're here to talk about today in the big sense, but for the future, it's really important.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. Why don't we take that as something we need to put on the agenda for further consideration about whether the whole issue of PHRs and patient facing applications or applications representing patient access and how they would fit into the entity landscape here related to the definition of an ELPD? I think right now they're not included per se, but I think we need to further flush that out and make an affirmative statement about it or under what terms. We can do that, I guess, as an amendment to the recommendation or a refinement of this recommendation.

Moving to slide eight, it's sort of a little bit of a revised timeline where, on December 6th, we're having the call today to have this discussion of the policy options. If we are able to develop areas of consensus that we think are worth forwarding or we think have the promise of being made concrete enough with some offline work to be able to put some viable recommendations and consensus based recommendations that we think would be meaningful on the 13th, we can do that according to this timeline. As I said, if we don't think that we're there yet, then I think we should just say that we're not there yet.

There is a January Policy Committee meeting, which might be an opportunity as well, and since this is a workgroup, I'll tell you we're probably going to want to restart the public health conversation. January 5th might be an opportunity for us to just give a status update on that, but we have a little bit of work to do with getting the co-chairs reengage in the process and moving that forward again. But that might be something that is on the agenda for the Information Exchange Workgroup presentation at the Policy Committee yet to be determined.

Then what we're thinking is maybe targeting the beginning of February for a set of recommendations on individual level provider directories since here we are on December 6th still working on policy options. Probably too much of a stretch to expect that with the December holidays already upon us, that we'd be able to develop a full set of individual level provider directory recommendations by January 5th, which is why we are not targeting February 2nd.

Does that make sense at a high level?

Gayle Harrell – Florida – State Representative
Sounds good.

M
Yes.

Deven McGraw – Center for Democracy & Technology – Director
Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Let's dive into this now. Moving ahead on slide ten, these were the policy questions. There's nothing new here yet. What we did, you may recall from the last time is, as we said, we're sort of defining the characteristics of an entity level provider directory, and we move those forward for recommendations. We left open this conversation about the policy levers and we just sort of teed up at the Policy Committee meeting the next slide, which is slide 11. Which was, you may recall, sort of just putting a little bit of structure around what might be a set of levers or sort of thoughts on what kind of concrete levers might be available to help forward this concept of entity level provider directories with the characteristics that we were recommending.

As depicted on the left-hand side, kind of the model, as we were describing as this Internet like model, nationally coordinated, but federated. We broke it out into four categories. One was about infrastructure: maintaining data quality and accuracy, standards and interoperability, and governance and participation with, under each one, sort of a specific set of ideas about some of which represent things that we've already agreed to like certified or accredited registrars. Some of which represent a level of depth that we may or may not need to get into about who could be registrars, for example federal agencies or states or what have you.

Then we'd get into some things that we haven't discussed and that we wanted to discuss now, which is about what kinds of levers do we think are needed going forward? Some of these things might be about do we want to try to align this or make this a part of meaningful use, for example? Do we want license and payment policy to be somehow linked to this as a way to sort of have a carrot/stick approach? I don't know whether you consider that a carrot or a stick, but carrot/stick approach to try to get people to move forward with sort of alignment around a federally or a nationwide approach to entity level provider directories.

Without going through each of these, although we're certainly happy to, on the next slide and the one after, what we've done is put out just sort of a set of key questions. That I think what I'd like to do is be able to just walk through these and then really open it up for discussion about how far do we think this needs to go with respect to a set of affirmative recommendations and about a set of affirmative actions that the federal government may or may not want to take. With respect to our recommendations of whether we think they ought to take a certain set of actions and how far or deep those actions ought to be to accelerate the creation of an entity level provider directory.

If we sort of work our way down here, I think, at a minimum, we've talked about standards. We've talked about characteristics, and then we've talked about standards. I think one of the considerations is in which areas, which standards, and guidelines facilitate creation of market sustainable, entity level, provider directories? It may be that we've said enough, that we've had a set of recommendations. We might want to just formalize that we're now handing this set of characteristics off to the Standards Committee. We

would like them to create a set of standards and perhaps sort of some kind of implementation guidance to make this really sort of concrete and implementable and actionable from the perspective of a set of registrars and a set of vendors who would be implementing it in the market.

Then, as we work our way down, I think one question is, is that enough? If we just did that, would that be enough to then really sort of catalyze the creation of entity level provider directories? Or are there things that we think would be necessary or would be helpful as sort of further actions? For example, with respect to infrastructure, is the federal or federally mandated infrastructure required to lay the foundation of a nationwide entity level provider directory service? I think, in the workgroup, we've had some conversation back and forth about the desirability of that, which is one of the reasons why I put it in the slide here. Do we like the idea of a federally created entity level provider directory, for example, building on the NLR or PECOS or something like that, or using the lever of state created entity level provider directories with the authority that's there through the state level HIE funds? Some type of federal accreditation of entity level provider directory registrars, for example, those might be a set of levers that would accelerate or really instantiate the creation of an infrastructure, and so that's one part of it.

The next might be about related to the participation sustainability. So you could imagine that if you drew the line there, you're basically saying, we're taking a set of actions that creates a set of standards. Then a set of actions that creates a set of infrastructure, and then hoping that that is enough then to run itself in the market, and then the market can take it and expand it. This is really just a jumpstarting exercise to get it into the market, so the market can take it over. But the question would be, is there further sort of carrot/stick that's needed to further participation sustainability in a nationwide ELPD type of service that would both sort of get us further toward having high participation and that, ultimately, hopefully, will sort of pay for itself, meaning that no ongoing government funds are needed to sustain it.

Is the creation of robust standards enough? Is the creation of standards plus an initial infrastructure enough, or do we need a further set of levers that are sort of some examples are listed here that should it be a part of meaningful use, for example? Should there be sort of a requirement that when you are registering in PECOS or you're a Medicare network provider that creating and updating your entity level subscription is a responsibility of that. Should it be an NHIN Exchange or Direct participation requirement, that you create that and sustain it, or a federal government contracting requirement, for example?

All of those are pretty different degrees of fairly heavy handed levers in some way, and certainly the question that it raises is, is that the right way to think about this? Is that something that is going to be—? I think David Lansky has suggested that that kind of thing can really lead to half-hearted kind of compliance when it's not really aligned with what the market itself is doing. As we heard in the hearings that we had, what you ideally want to be able to do is have a directory be sort of an outcome of a market process. Rather than have it be something that becomes a requirement that people are required to maintain rather than being something that they want to maintain for their business and clinical aims.

That's a big mouthful, I know. Let me pause here and see, first off, if David has any other thoughts here, and I'll open it up for conversation on these points.

David Lansky – Pacific Business Group on Health – President & CEO

Micky, I think you've done a really good job setting it up and listing the issues, and tilting it in a direction with the opening slides. I just want to put on the table the question of what the private sector world is already and will be doing and how best can we mold the very high volume of activity already out there in a direction that supports this infrastructure and the security implications of it. In particular, I'm thinking, as we think about the various vendors out there already—whether health plans or SureScripts or others, who are doing a lot of directed traffic—can we nudge them with the standards component of this discussion? I guess if we don't do our work well, what does the private sector continue to do? How do we make sure we achieve an alignment of the business activities already in play with what we are proposing to do as policy tools, which enhance the trust of the network? My own bias is that we should get the standards piece done and talk to industry about how to get them to conform to those standards and how to create a

sense of shared value in that and the other levers of government incentivizing and requirements and so on would probably be unnecessary in that scenario.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
David, one clarifying comment. I should have put this in the slide, so I apologize, but I'm just thinking ahead to the next slide. When we say standards, would that include or maybe it's a separate point of conversation having some type of requirement that's a part of at least the certification that is within the authority of ONC, namely EHRs right now, for some type of interoperability with the ELPDs as per the standards that get created by the Standards Committee.

David Lansky – Pacific Business Group on Health – President & CEO
I don't know. I'd like to know what people like Carl think about that. I'm not sure whether that's helpful or not.

Carl Dvorak – Epic Systems – EVP
I think if there were standards for accessing a directory, it would be very reasonable to put them into the certification process. I think the standards alone won't probably suffice for this topic because a directory needs to be, likely going to need to be a physical entity you can connect to and talk to and get information from, so I suspect it's more than simply standards. But, yes, I think, where standards are defined, they should be probably built into EHR certification process.

Paul Egerman – Software Entrepreneur
I agree with what Carl just said. I think we just do the standards. That's nice, but our industry has tons of standards. The certification process is a powerful public policy tool, and if you can put in certification, and if you can add meaningful use to it, then you've taken a huge step forward in terms of adoption of whatever the—adoption of these directories.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.
Carl, I'm intrigued by what you said about there having to be a physical thing. I think you're right. Is there a way to make it a marginal cost of something else?

Carl Dvorak – Epic Systems – EVP
What would an example of that be?

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.
You know me. I'm exchange centric, but I was trying to leave that open as to whether or not there was some other way to organize it where it happened. It had a benefit for wherever it was attached to, but it was a marginal cost and then kind of a public benefit from being the public didn't have to pay for maybe is one way to think about it.

Carl Dvorak – Epic Systems – EVP
Yes. It seems like there are a couple of places that are close to it, like the SureScripts network seems to have much of the state already because it was a subject of publicly directed activity. E-prescribing was mandated, and they became the hub for that. So there may be some avenue through that to leverage that because there was certainly a benefit they enjoy from that. Otherwise, I think the CMS folks really do seem to have much of this data already. It would really be more of a reformat and publish opportunity with some way to subscribe and enroll into it for those who are not Medicare focused or Medicaid focused.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.
Right.

Carl Dvorak – Epic Systems – EVP
But it seems like it would dovetail nicely into what they already have in a couple different areas.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.

Right.

Paul Egerman – Software Entrepreneur
I think what Dave just asked is a great question, and I've been thinking about this question also. I had thought from a different angle about how to do this at sort of like a marginal cost using sort of like stuff that already exists. The way I had thought that one might do this is that for this concept of NHIN or NW-HIN, this network that we create a new top-level domain on the Internet. The benefit of doing that is then you can define who the registrars are for the domain and, basically, you can use all the existing software that exists for Internet registrars, and so that's how you could get the data into the system. You could sort of combine that with possibly the process of issuing certificates for these entities, and it would just seem like you'd get a lot of the infrastructure and technology for free.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.
Right, sidestep the design problem.

Paul Egerman – Software Entrepreneur
Yes, you'd sidestep the design problem, so the basic concept of the top level domains, there's a function called who is that basically tells you a bunch of stuff about an entity. The Standards Committee would simply standardize what are going to be the elements that are going to be required, but you'd be able to use existing software to register people, and it's technology that at least large entities are already familiar with using because they have to do it anyway. I don't know what you think about that idea, Carl.

Carl Dvorak – Epic Systems – EVP
I think it's very reasonable, a very reasonable approach.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
I just wanted to make a couple of comments. First, I think, from a policy perspective, what would be helpful is to just provide an overarching direction that the Standards Committee should take to focus on the kind of standards that are needed to develop. I think we, at the risk of— I mean, we might be getting into a discussion of standards and standard areas that might be more of a purview of the Standards Committee in that regard.

The second comment I have is, in many respects, there is already standards out there, and that's why the Standards Committee could do the work of evaluating them and assessing them and making recommendations. IHE, for example, developed the healthcare provider directory IHE profile that has exactly the kind of messages and standards and data flows that go into provider directories and request information, send information, provide all those mechanisms. The part that is not, of course, defined in this profile is the architecture infrastructure, the fact that there might be a central repository of directory information where this query and respond messages will go and seek the data from. But all that, in my mind, all that work basically goes down, goes back to the Standards Committee to look into and determine and make the recommendations for which standards to go to. My suggestion here is just defining the policy directions that the Standards Committee should look into where standards are needed.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
My observation, I guess, is much more basic because you guys have gotten into the appropriate details again. Micky, I understand all the positive aspects of this, but just from the perspective reading for the participation and sustainability part, I'd probably, in all the messaging on this, not include things like the parenthetical that say, i.e. no government funds needs. Hopefully they won't be needed, but if it says, has a high participation and can pay for itself, and paying for itself means no government funds needed, when that translates into passing that to providers of certain mandates, either through regulation or legislation, that the providers will do it at their expense, that doesn't pay for itself. That's just cost shift.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
I understand.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept

Economically, self-sustaining, business model or something.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Then down at the bottom, I tend to agree with what has been said here about having the standards and the requirements in the EHR systems and then, again, whatever we define for the network, used as a principle level for driving this. Because I do think, at some point, if it's as simple as a provider of services having to say, "Well, this is the directory that I use, and here's whatever the routing address or however that works," then I think it probably is reasonable to require that they keep that information current as some sort of requirement. You've listed various ways to do that perhaps. But the system needs to get robust enough that it's requiring them to maintain current information on file as opposed to the system does not yet exist before the mandate is there.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. From what I'm hearing, it first off sounds like I'm taking, I think, Carl's original point that standards, if well defined, could be helpful as a part of certification, and certainly would be objectionable if they were a set of standards that were actionable and that were considered reasonable. But, however, that may not be enough, and so we're having a little bit of conversation about how much more is needed.

To Carl's point, and I think Paul and Dave had also stated the same thing, which is that some type of infrastructure, physical infrastructure that actually can be connected to and could provide a service would need to be a part of this because it won't just happen organically, even if the standards are just rolled out. It sounds like one part of that concept that we have implied—and I just want to draw it out—is that having accredited registrars and whether that means that it's marginal cost, meaning that a SureScripts has got 80% of what they need. So they're willing to invest the next 20% to do what it takes to become accredited, versus some who have to build it from scratch if they find that as a market opportunity. That would be one level of this. But let me pause here and see if there's agreement on that, if I got that right, first off, and if there's agreement on it.

David Lansky – Pacific Business Group on Health – President & CEO
Micky, I think you got it right. I have trouble conceptualizing the dynamics in the marketplace. I'm particularly concerned about the concept of maintenance and if we have some percentage of the market that's affected by meaningful use and participates in the incentive program and is essentially required or effectively required to maintain in quotes their entry in an as yet undesignated and unbuilt registry. There will be existing entities, whether SureScripts or health plans or medical license boards or others, who may want to play a role as an entity registry. It's a very, at the moment, pluralistic marketplace, which we want to both increase the uniformity of it in terms of the addressability and content of the entries, and increase the reliability because of the maintenance that goes up by the individual providers. That piece of it is what— I think the maintenance will be good where the parties have a business reason to participate and to keep their entry current because they get that's how they make their money.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
On the other hand, imposing it in a kind of marginal way from a marginal policy framework, it seems like it becomes an imposition, not an intrinsic good.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

David Lansky – Pacific Business Group on Health – President & CEO
I want to understand what the right balance is we can find between creating incentives, but not yet knowing what the targets are to which we want people to attach.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. Just thinking incrementally here, so if we agree that the standards are meaningful, and then if there were then a corresponding set of requirements for what a registrar ought to be able to do, and there was some type of federal accreditation of registrars, in your mind would that be enough? Would there be enough interest of, let's say, the health plans and all the organizations you were talking about, medical boards, to see enough value to say, I may be very interested in being federally accredited because that would be market expanding for me?

David Lansky – Pacific Business Group on Health – President & CEO
I think so. I think what we heard at the hearing was that a lot of the existing service, the directory services have a business value, which has led to some tailoring of their content and functionality. We understand that, and that's fine. I guess we have to envision an environment in which there's a core set of data elements, which we've characterized, and a core set of services and functions, which we've characterized, which are embedded within other directory functions that already have a business value rather than imagining de novo creation. The idea of certifying the existing players, once they come into conformity with the standards, makes sense to me conceptually.

Paul Egerman – Software Entrepreneur
Suppose you looked at it this way, and your comments there are excellent, David. Suppose we looked at it this way. Suppose we said in order to participate in the NHIN, the National Health Information Network or the Nationwide Health Information Network, you have to have an Internet domain name that's .NHIN, which means you have to do this thing through a registrar, and that's one of the components of participating in the network. It would seem to me a lot of these players will want to participate in the network, especially if there are a lot of physicians and hospitals who have certified EHR systems who are already participating. It just seems like that's a way to get the entire directory system set up, and also all of the accreditation controls that we talked about.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
But would that imply that I have to change my domain to a different domain now?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
No, you'd just ….

Paul Egerman – Software Entrepreneur
No, it would just mean you'd have to get an additional one if you want to be part of the network, and you'd probably pay a registration fee of $100 a year or something for it, which is how it becomes self-sustaining for the registrars.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Let's just play with the KP example, Kaiser Permanente example. We have KP.org. Would that mean that we would have to get a new domain separate from our KP.org?

Paul Egerman – Software Entrepreneur
Yes, you would get a new one. You would get kp.nhin, for example. I don't know if that's the exact extension, and you'd register for that. Once you had that, you'd have it. It's not a big deal.

M
As far as maintaining the integrity of your kb.org, you'd just do internal redirects, right? Isn't that how that effectively works?

Carl Dvorak – Epic Systems – EVP
Yes. It's like many companies now have their .com, .org, whatever, but they'll actually pick up the other domains. You might have kp.net already, and if somebody tries to put a kp.net, it just reroutes them to kp.org.

M
Right.

Carl Dvorak – Epic Systems – EVP
But this would listen for a different kind of traffic on the kp.nhin and respond to that. If it's on any end user browsers trying to connect to it, it would just redirect them to kp.org.

Paul Egerman – Software Entrepreneur
Yes. It's a way to define who are the participants in the network, and it's a way to do what Dave Goetz suggested is to get the directory almost like at a marginal cost because you have to then go through a registrar in order to get the network extension, to get the top level domain name. It's also a way for the registrars to be able to do all this stuff without having necessarily to write any new software or anything. All the software and technology to register organizations and to do DNS already exist.

Deven McGraw – Center for Democracy & Technology – Director
Paul and I have had a couple of conversations about this. I think it's an idea worth exploring, but one thing that I think we'd have to look at is whether in fact a top level domain versus a U.S. dot domain makes more sense. Given iCan's control over top level domains, which is not a U.S. controlled process for distributing those out and would be under some— Yes, I don't know. Other folks at CDT have had experience in working with iCan over many, many years, and it's not always a predictable process.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. Is this something that is getting too specific from the Policy Committee side?

Paul Egerman – Software Entrepreneur
It could be that this should be done on the standards side.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
I'm beginning to feel like we're micro-engineering here a concept that we need to take it a few thousand feet above and try to maybe focus on some of these larger questions. For example, yes, in a standards, we knew we need standards. We have a Standards Committee. The Standards Committee can look into which are the standards to look in or to recommend. In the infrastructure side, I think, in my mind, the key question is or the questions, which are listed in the slide, are we know we need an infrastructure to support the ELPDs. Do we recommend a hybrid combination of the infrastructure in which there are registrars that are accredited federally that can be run within a state or a state level? That there are state created ELPDs that then bubble up into a federally maintained, common ELPD that allows cross-communication between states, sort of a hybrid model, and we just make that as the recommendation, and let the details be defined in the process of developing that model?

James Golden – Minnesota Dept. of Health – Director of Health Policy Division
I do think that the line between where the policy is and where the Standards Committee might want to do its work is a little bit unclear. But I do think that one thing that might be helpful would be to put in some criteria that would help guide the Policy Committee on where we think this needs to go, as well as to help the Standards Committee flush out the details because I really like the idea that Paul has been suggesting. I'm not quite sure if it's fully technically feasible, but I think that it has certain criteria. It's national in nature. There are clear mechanisms that exist today because it's building on existing activities. I think you could have … clear how you get that. I think one of the challenges is I think there's a big difference between states trying to do this. So if we had some criteria that would suggest that's a 3013 fund and states should create these, I think that what we run the risk of at a policy level is a whole bunch of isolated ELPDs that don't connect to each other very well at all. I think what might be helpful here would be to put some criteria as to what we think the appropriate technical solution should generally look like, and then let the Standards Committee sort out the details within those criteria.

Dave Goetz – State of Tennessee – Commissioner, Dept. Finance & Admin.
Generally, my experience, I guess, on this workgroup and overall has been the indistinct nature of what gets kicked over the wall to the Standards Committee, how we communicate that, how effectively we

reach resolution on those things. I read John Halamka's blog where he was expecting something to come, but how quickly do we work to get those things resolved because I think we've got the right kind of ideas if we were sitting in a room together to kind of boot it around, right?

Art Davidson – Public Health Informatics at Denver Public Health – Director
I'd like to shift if there's opportunity here just to ask a slightly different question about this. We talk about the standards in areas that would support market sustainable ELPDs. At the bottom, in this participation and sustainability, you have both the NHIN Exchange, which I think is where most of us are thinking about the ELPD … states, as Walter said earlier. But there's also the Direct piece down here, and I'm just wondering if the way that we encourage development of standards hopefully would facilitate local exchange as much as interstate exchange, and that hopefully whatever we encourage would have value to the routine activities of an HIE or of a person who wants to exchange their data. We should be thinking about ways to make that happen more easily within states, as much as across states.

Gayle Harrell – Florida – State Representative
If I could jump in on that too, I absolutely agree, although Florida has a lot of transients. We do depend greatly on we will have to have records coming from New York, New Jersey, wherever. However, when you look at geographic trading areas for medical procedures, they tend to be pretty consolidated, so you need to enhance the ability within the local arena to make sure this functions and not forget that.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. I don't think that, not in the way that I've been thinking about it, that we've been trying to focus on interstate versus intrastate necessarily, or had NHIN Exchange as being a particular model in mind. Indeed, some of the conversation we were just having about a top level domain, for example, is making me think about the Direct Project and what they're going to be doing with respect to universal addressing and whether there's some kind of overlap there that we want to think about. I know Carl and others are a little bit more involved in that project, so maybe they can speak to that, but I don't think the idea is that this is focused on interstate and not about enabling localized exchange. Even saying that though, there was some recognition that the individual level provider directory, which is our next set of agenda items for the workgroup, might be more relevant to local exchange. But sometimes you put things out, like an entity level provider directory, and it may be that that becomes used in a lot of different ways by the market than we anticipate, and it could actually be very helpful in sort of accelerating local exchange in ways that we don't really anticipate right now.

Art Davidson – Public Health Informatics at Denver Public Health – Director
That's where I was thinking that that if we have an opportunity using some of the meaningful use incentives, it may be encouraged that this … in a local environment as much as it might be used on the NHIN.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes. Let me just try to sort of review where it feels like we are and then start to tee up those questions, Art, if that's okay. It seems like we have sort of a consensus view that I think is sort of emerging from our last set of conversations, but sort of instantiated now that we want to pass over to the Standards Committee a request to develop standards around the different characteristics that we have already submitted to the Policy Committee and gotten recommendations on. I think that's just sort of closing that part of it.

It sounds like there is a consensus that in terms of an infrastructure that sort of one recommendation that we would have is federally accredited ELPD registrars and that we would probably need to do some work in our minds about what are the characteristics of such a registrar? What are the policy requirements? What might be some of the high level technical requirements, knowing that there may be standards involved? But some kind of policy perspective on both of that as an approach that we think should be as an affirmative recommendation from us and some sense of what we think that would be. What constitutes being a federally accredited registrar?

The other part that I think I heard that I just wanted to draw out and see where people are on that, and I think Carl had mentioned it, and I think Paul mentioned it is CMS. What are our thoughts there because I know that I think Carl had said that CMS may have— They have as close to one could imagine as being the comprehensive of closest to a comprehensive set of information that might be that. Is there a recommendation related specifically to CMS that we want to think about here, or do we just want to leave it at this question of accreditation of registrars? If CMS decides that they want to be a registrar, they can decide to be a registrar on their own like the VA or like the military health system, or what have you. Or do we want to provide direction that we want to create this accreditation, and we also would like to strongly encourage that those federal agencies become accredited registrars.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
I don't know if there are any restrictions or limitations on CMS's PECOS and other provider directory tools that they have and systems that they have. But I do remember that when the NPI (the National Provider Identifier) was established, one of the questions, of course, was the easiest way to register is if you are already registered with the Medicare. You don't need to do it again. But it came down to no, we're going to create a completely separate registration system, and people will, even if they have been registered with Medicare and the PECOS or any other provider directory system, or if they are in the Medicaid systems in every state or in some states. They will still have to register with the national payer and provider … system and obtain a number there.

As much as I think Medicare has a very comprehensive database of providers—not complete necessarily, but as close to be the full universe—I don't know how much that can be the data in it. The information that providers have provided in there can be used or just copy that and put it into this entity level provider directory for other uses. There might be some restrictions is what I'm saying. The other question, of course, is what happens to providers that are not certainly part of Medicare? They still have to register some other way. I don't know that there— There might be a need to explore more the limitations that might exist with respect to the Medicare provider registration systems for purposes, for other uses beyond the CMS program.

James Golden – Minnesota Dept. of Health – Director of Health Policy Division
I want to be cautious about recommending either state or federal required participation. I guess I think of it as an analogy of thinking about, if you wanted every healthcare provider to have a Web site and a URL associated with that, that almost happens today. Almost everyone has it, but yet we didn't need CMS tying this into other … clinics or hospitals. It seems to me that the degree providers want to do exchange, they are going to go through the mechanisms that we create in order to get a … to their front door for their EHR systems to be able to deliver these messages. That system works quite well without a lot of governmental involvement. I'm not sure I see quite the need for having heavy-handed governmental involvement in this pointer system either.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Jim, when you say heavy-handed, where are you drawing the line? Is federal accreditation heavy-handed, or is that something that you support?

James Golden – Minnesota Dept. of Health – Director of Health Policy Division
No, that's a good question. That would be something I would definitely support in much the same way that in order to be a registrar, for example, of various URLS or DNS entries today, you need to meet certain criteria. But I think saying that it should somehow tie to PECOS or NPI, it's not exactly clear why that would be a requirement. If we're going to say the government should do something beyond accreditation and putting it into certification standards, I think we need to be pretty clear about what the advantage of that is versus the private sector finding ways to address this same issue.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
What about the idea of state created ELPDs, basically the states are much closer to the providers, and the exchanges tend to happen quite a bit more within the local level, as we all know, or I should say the care happens, of course, at the local level. If states that are implementing HIEs and pretty much every state is trying to do one anyway at the state level, had a very good template, let's call it, for some—just

use that term to call it some way. If they have a good template, a good set of guidance on developing ELPDs that are standardized, that are common for all the states, would states be in a good position to create the ELPDs and then, at the federal level, there would be a sort of a directory of provider directories to cross-reference those?

James Golden – Minnesota Dept. of Health – Director of Health Policy Division
That's a … question because I think ….

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
I think you were cutting in and out, Jim.

James Golden – Minnesota Dept. of Health – Director of Health Policy Division
Sorry, Walter. Can you hear me?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes.

James Golden – Minnesota Dept. of Health – Director of Health Policy Division
I think the challenge with that is I do think that a template and a standard is quite helpful for individual health information organizations. I suspect most that are up and running today have some type of provider directory that facilitates exchange. Clearly, entities like SureScripts already have something that's there. I think that the challenge that you will have with the states, while you give us a template, we still have a lot of other issues around exchange that we're trying to work on. Any particular HIO might be able to follow that template. I think the challenge that we have discovered is working across different HIOs and different exchange service providers.

If you're SureScripts, I suspect that one of the challenges is you may not want to think about how to try to connect to different people within the state of Minnesota and have to do that same thing for 54 other locations that have an HIE grant. So one of the criteria to infrastructure is that I think I would highly value is seeing one that is together at a national level, potentially even international level, to the degree we have people that might be crossing some of our borders with Canada or other places. I'm not sure that connection is a very easy task.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. What are other people's thoughts on this question of the link to CMS systems? Not that I'm trying to push it one way or the other. I just want to make sure that we understand where areas of consensus are or not … people have thoughts on that because I know, in past calls, people have expressed an interest in having something more of a direct connection to the CMS systems.

Gayle Harrell – Florida – State Representative
I'll jump in on that one. I think, as much as you can give the ability to states and also to private entities to have a market driven system the better, and that CMS should certainly be one of the options that people have to get a provider number or whatever we're going to have, however it's going to work. CMS, because so many providers are participating in Medicare or Medicaid, you can require them to become a directory … an ELPD, but you can also—people would have the option of going with them or not going with them. It may be the easiest way for most people to do because they do have a number with them already, but don't require people to have a number with them.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Gayle Harrell – Florida – State Representative
There may be some other local group or ELPD in their state that they want to be a part of instead.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right ….

Gayle Harrell – Florida – State Representative
The standards need to be across the board as to what each of those ELPDs has to do.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Are there other thoughts, Carl, Paul?

Carl Dvorak – Epic Systems – EVP
I love Paul's idea of doing a .NHIN type thing and just leverage what already exists because it really could be a voluntary registration from a directory perspective. Then I think we still have to tackle the certificate issuance, but I think that could be handled because it's more of a one time or it's something that you hand out to individuals versus a directory where we'll need to be able to connect to it and to query it moment-to-moment.

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary
I remember in the past, one of our workgroup meetings, you mentioned that a role that CMS could play would be to sort of aggregate these and publish a list at some regular interval of all the participants. Would that still be necessary if there was a .NHIN or whatever extension, or would a registrar be able to do that?

Paul Egerman – Software Entrepreneur
To answer your question, if you did the .NHIN extension, you would get that automatically. In other words, you would get sort of like the national availability of all the directory information. CMS would not have to do anything. You'd get DNS. You'd get the whole thing. It's sort of a way of getting infrastructure for free. I do understand Deven's concern that iCan has some international regulations on these issues. I'm just not familiar with that issue, but my impression is if you get a top level domain, you can also establish your own rules for that domain that you're going to, I want to say, inflict on the registrars. So that's how you can get the accreditation done, but I'm starting to get on thin ice as I say that, so maybe somebody in the public can respond to this, and maybe it is the sort of thing the Standards Committee should look at with greater detail.

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary
Right.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Paul, I think, earlier in the call, when we were talking about whether just standards were enough, I think you had mentioned two things. One; that you thought standards were important, but they weren't enough because we have a lot of standards out there, and they're not used. You had suggested one, this idea that accreditation or the need for some kind of way of creating some base infrastructure to allow people to move forward on. Then I think you had said tying it to meaningful use as well as a second part of that. It seems like we're at that part of the conversation now, if you wouldn't mind, if I could draw you out on that and just get a sense of what you were thinking along those lines.

Paul Egerman – Software Entrepreneur
The way I'm thinking about it is how do we ensure that healthcare providers use this thing. Remember, the whole meaningful use program is a voluntary program. People aren't required to do that. There are incentives in place so that if you could establish meaningful use criteria and certification criteria around the use of a directory, then that would be a very powerful vehicle to implement this concept. It would be particularly— There's a particular opportunity to do that for stage two because, with stage two of meaningful use, there hasn't been enough chance to really understand the impact of all the stage one stuff that's gone on. A lot of people are very concerned that we're going to layer on a lot of things that are hard for physicians and hospitals to implement from the people standpoint. But this is sort of a technology thing that would seem to be you could do in stage two.

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary

Yes. I agree. I think it's a good opportunity to leverage and try to encourage safe, secure, information exchange, and the HIE programs in general, if we recommend that participation in a state directory or a federated directory service be some sort of a qualifying event for providers and hospitals.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Paul Egerman – Software Entrepreneur
Right, and to do this really well, I like what you said, Jonah, where you said you have to participate in the directory. It would be, if you could also think of certification criteria, that you could actually test the EHR system, use the directory, and in the course of exchanging information or a test transaction or something. Then you have a situation where David Lansky talks about the whole situation where everybody just goes ahead and registers for domain names. You'd like to have something similar to this situation where you get a lot of people to do things when you have what's called critical mass. So doing this with meaningful use stage two and having certification criteria would create the critical mass for these directories that hopefully would give reasons for other healthcare providers that are not within the scope of meaningful use to want to participate.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
I think, in addition to, which I totally agree, the meaningful use requirement and the certification, so we have standards defined. We have certification criteria defined, and we have meaningful use requirements defined. I think, in addition to those three, we need to have some HIE "requirements" defined as well in the sense that there are state HIE and regional HIEs being implemented, and there are expectations that are imposed on those HIEs. I think part of the expectation would be that the HIEs will be also supportive of the provider directories. We have four levels really of leveraging, I guess. There are the standards and standard regulations. There's the certification criteria and the certification … regulations and scripts, and there are the meaningful use requirements. Then there's also the HIE expectations and their requirement or their need to support this provider directory. I just wanted to provide that fourth level.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
If you don't mind, Walter, I'd like to come back to that. I just want to nail down this meaningful use one first. Just pushing what Jonah and Paul were just talking about as the way that we think this would work is that it is part of a qualifying event, as Jonah had—I think that was a term that Jonah used. That there would be a set of standards with corresponding certification requirements so that within my EHR system, for those who are going to be participating in meaningful use—within my EHR system, I ought to be able to put in the required information corresponding to the content requirements of the ELPD. A system would be able to transmit that information to an accredited registrar, and that that would be the measurement criteria for my fulfilling that particular meaningful use requirement.

Paul Egerman – Software Entrepreneur
Not quite. Why do you say accredited registrar?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Sorry?

Paul Egerman – Software Entrepreneur
I lost you when you said accredited registrar.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
How would the information get to where it needs to go? I'm just suggesting that maybe the technology could allow the information to be conveyed to a registrar of my choice.

Paul Egerman – Software Entrepreneur

No. The result of registration should be that there's a national provider directory that's visible to the EHR system. The EHR system should just be able to see it and to send the message.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Yes. I think we're talking about two separate.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes, I'm asking how it gets populated in the first place.

Paul Egerman – Software Entrepreneur
Okay.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Yes, I think we're talking about two separate things … the enrollment part first and then the user of the EHR to do the exchange. The EHR would not populate this.

Paul Egerman – Software Entrepreneur
Yes. I lost you there, Micky.

Carl Dvorak – Epic Systems – EVP
I think we kind of bounced around a little bit. I think there's a sense from some people that there needs to be a single registry, although it could have multiple registrars. For the Internet, if we'd like to get … Carl Dvorak home.com, I could go to ten different places … networks, whatever, and try to use them as a registrar, but they would still all put the entry into the same registry. I think I heard though during this conversation, sometimes you're talking about almost like a federated registry, but I do wonder if we should maybe clarify vocabulary around that. Just having multiple registrars does not necessarily imply multiple registries.

Paul Egerman – Software Entrepreneur
What you just said Carl is exactly right.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Paul Egerman – Software Entrepreneur
There should be one national registry of everything that's visible to each EHR, certified EHR.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
The registrar process is something that is done independent of the EHR itself. The registration into this ELPD can happen through different workstreams. Someone is just going to a Web site to register or uploading a file with data of 1,000 providers or 100,000 or whatever.

Paul Egerman – Software Entrepreneur
No, this is entity level, so ….

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Entity level providers, yes, 1,000 entity level.

Paul Egerman – Software Entrepreneur
It's entity level, so Kaiser, somebody at Kaiser probably would just sign on to a Web site and enter 10 or 12 things.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Exactly, yes.

Paul Egerman – Software Entrepreneur

… and pay $100.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Yes, that's the registration and the feed into the creation of the record.

Paul Egerman – Software Entrepreneur
Right.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right, so I guess this is sort of the question of what guidance do we want to give to the Standards Committee about what the scope of standards ought to be in the EHR? One set is, to your point, Paul, about just being able to consume the information. As a user, when I actually want to use this for the purpose of routing information somewhere, I ought to be in an EHR system that's able to consume it. Do we also want to suggest that we would like a set of standards related to administrative type of functions like enrollment, deletion, editing of my entity information? Or does that happen out of band, as we've been describing here, that I will do it outside of my EHR as administrative function with whatever the registrar has available as a way for me to do that?

Paul Egerman – Software Entrepreneur
There's no reason for it to occur within. There's no reason for the enrollment process to occur within the EHR because it only happens once and it includes information that the EHR system does not necessarily know. It may not know the IP address of whatever the gateway machine is or something, so it may not know everything, or it may not know the administrative contact individual that that's the right person. So there's no reason that the enrollment process occur within the EHR system. It's a separate process. The way the enrollment process in my vision would most likely work for a new customer … three-man, three-person group practice, physician group practice, and you buy a system from the vendor, or if you're Kaiser and you buy a system from a vendor. The vendor probably would go ahead and enroll the organization for you. It would be part of the service the vendor would probably do to help you get started.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Micky, I think those two groups of standards we would request the Standards Committee to look into. One is a set of standards dealing with the ability for entities to add, edit, or delete entity level information in a provider directory. That's one group, which is the administrative ones I think you were calling at, and then a second group of standards is the standards that EHRs will use to exchange, not to exchange, but to query and to receive back information from a provider directory.

Paul Egerman – Software Entrepreneur
Yes. Walter, I would phrase that a little bit differently. The way I'd say it is the Standards Committee needs to choose a technology for the directory process, and I proposed one alternative, but there are probably other alternatives. They need to choose a technology and an approach for the provider directory that allows for multiple registrars, but a single registry. They have to do that one thing. Then the second thing they have to do is the part that you said. They have to create testing standards and certification criteria so that EHRs will use that single registry.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
What you're doing, Paul, is adding the responsibility on the Standards Committee to define the infrastructure in some respects.

Paul Egerman – Software Entrepreneur
That's right because I don't think we're the right body to do that, and I put forward top-level domain and then Deven brings forward an objection to it. I have no idea how to evaluate that objection. I have no idea of what other technologies that might exist. That's what the Standards Committee can do. Let them figure it out. I think the main thing from a policy standpoint is multiple registrars, a single registry. I like the way Carl said that. One national registry, and we should probably pick up Dave Goetz's comments. We want to do this with minimal, marginal costs, or try to leverage some existing processes. We need to have a process where the registrars can somehow be monitored or accredited.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Does Paul's synopsis right there—are people comfortable with that? We'll obviously document it and share it around again, but in terms of a level of consensus around the discussion we've just been having, what are other thoughts on that?

Carl Dvorak – Epic Systems – EVP
I think it's a great summary.

James Golden – Minnesota Dept. of Health – Director of Health Policy Division
I agree.

Deven McGraw – Center for Democracy & Technology – Director
I would agree too. I think the only thing that I might leave a little bit open for standards is if, when they explore the possibility of the domain registry, if there are some additional policy questions that arise, say … them.

Paul Egerman – Software Entrepreneur
Yes.

Deven McGraw – Center for Democracy & Technology – Director
There's a lot of stuff we don't know about this, but it's definitely worth exploring.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Paul Egerman – Software Entrepreneur
What you just said, Deven, is right. The relationship with standards and policy should be a little bit more of a conversation. As they go through these things, there should be some times where there are some policy questions that come up. There's nothing wrong with them shooting something back to us.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. Okay.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
This is very helpful. As a member of the Standards Committee and the subcommittee that will probably receive these requests and process, I think this is very helpful to understand. Certainly, I expect that there will be a lot of back and forth communication between our workgroup in the Standards Committee and this workgroup.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Great. Thank you. A couple of other specific points that people have raised, Paul, and I think we haven't nailed down yet. Paul, you had mentioned the idea of a stage two meaningful use requirement that perhaps might be something along the lines of, which is analogous to some other meaningful use criteria, that they would do one test of their system's ability to consume information or use an ELPD, the ELPD. Then, Walter, you had raised something along the lines of a set of requirements related to the state HIE, state level HIE program and the funds that are being used there. Paul, can I ask you first to just revisit that question and then ask the workgroup what their thoughts are on that on the meaningful use.

Paul Egerman – Software Entrepreneur
To revisit the question again, I'm looking at the EHR side of the world, and I just say, if you can get meaningful use criteria around this thing, that's huge. That's the basic leverage. So I don't know if I suggested the right thing. They've got to test one, or maybe they've got to be able to receive or they actually receive or they send at least one or something. If we can say that, and maybe the thing we've got to do is do two steps. One is to agree that including this in meaningful use is something that's

important that we want to do. Then the second step is discuss exactly what we would say. I'm not sure I said the right thing, but that I think would make a difference.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
What do other people think? Steve, are you still there? Being as a physician representative here, I would love to get your thoughts on this.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Yes. I'm listening intently, and I'm thinking, just linking this to meaningful use, I guess, really from my standpoint, makes it rely entirely on if the vendors in the network actually are up and running and work. If what we do helps to spawn or make the vendor industry kind of respond to this and this comes to life, then it's reasonable to probably consider it as part of meaningful use. I'd prefer that over linking it as a requirement to things like PECOS and other databases or conditions of participation because there will be a substantial number of physicians who may use health IT who choose not to participate in the meaningful use schema from the federal government. Therefore, I think you're going to run into real problems very fast going that route, so meaningful use would be a more reasonable way to go. Is that what you …?

Gayle Harrell – Florida – State Representative
I would agree with that. I think you don't want to— If you put it into the vendor package of meaningful use in order to get certified and also to the physician who wants to receive those incentives, the emphasis is in the right place. It should be part of a certification process for the vendors. Also to meaningfully use it, it has to be within the package, therefore, the certification. I don't want to tie providers hands in how they choose to do things, and that would be one way to putting it within meaningful use as opposed to requiring it to participate in Medicare or something.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. Gayle, just to push you on that, does that—? This is for the entire workgroup. Is it going too far for us to make a specific recommendation that it ought to be a vendor certification requirement, and it ought to be a stage two meaningful use requirement? The way that that gets measured is that they do a single test of the ability to use the ELPD, which is very similar to other types of criteria related to interoperability, so this would be very similar to that.

Gayle Harrell – Florida – State Representative
I think it fits right into what we have done previously on interoperability.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes.

Gayle Harrell – Florida – State Representative
I think it's the next stage of interoperability.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. Other workgroup members, is there anyone on the workgroup who would object to such a formulation as part of our recommendations?

Deven McGraw – Center for Democracy & Technology – Director
I don't object at all. I'm just sort of curious because there was a meaningful use long workgroup meeting on Friday, and I'm wondering sort of where they are with criteria for more robust exchange in stages two and three, and we want to make sure that this matches up. I recognize that use of the directory is not necessarily required to exchange, but I don't want to be too far away from, too shy of where they are.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes, I agree, Deven. I couldn't attend that meeting, unfortunately, so I actually can't answer that question.

Carl Dvorak – Epic Systems – EVP
One more concern just representing the EHR vendors I guess out there in large part, and that is, stage three might be more appropriate. My fear is by the time consensus is gained and standards are worked through that the actual timeline to implement them safely and get them into systems and into production to make it a requirement to meet the requirement for stage two, I'm just not sure it's a wise idea to force them into stage two. I worry that the specs will come out very late and programmers left to program it quickly, and customers will put in, have to put in fast upgrades to try to have it present for stage two. I think the regulatory process often turns these ideas into very, very specific things that I'm not sure are the best thing to do yet. I would suggest instead of stage two, maybe thinking about stage three for that one unless we could really get closure on it almost immediately so that people have time to program it and get it out with the regular stage two material.

M
Right, so just to dovetail on that, being proactive, how can we use what we're doing now in the next two years to advance incremental progress forward on this? Of course, I'd be very open to stage three because it allows more time. The whole thing is a very condensed timeline, but then what would you suggest we do right now at this stage?

Carl Dvorak – Epic Systems – EVP
If people really knew where it was going, I think you could probably get it programmed. What I fear now, just having worked with a number of customer sites, there's a lot of pain and suffering on their side to have to put in upgrades in a flash, and it usually takes them some time to digest and test and get their interfaces all checked out. The more stage two things that are net new and come out late in the game, the more difficult it would be for people to program them, but even more difficult for customers to organize themselves to do upgrades. I don't know if you've ever—probably some people on the phone have worked through upgrades as customers, or as users of EHRs. It's a lot of work.

Gayle Harrell – Florida – State Representative
Yes.

Carl Dvorak – Epic Systems – EVP
And if it comes out late in the game, it's going to be very painful and probably unnecessarily painful for people.

M
I get there's a lot of pain in a lot of facets of this for people trying to execute it. S then I guess, Micky, responding to that concern, would one of the ways be for us to have all our high level policy recommendations with the directional things where we go, but the recommendation would be that by the time we get to stage three that it's a requirement. That it's actually being used as opposed to stage two, so the same thing, but just that one piece pushed on the timeline two years further.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes. I think, like with a lot of other things, I don't think you can require that people actually use it. What you can do is require that they have a system that's capable of using it and that they show that they know how to use it.

Paul Egerman – Software Entrepreneur
I'm sensitive to what Carl said about the stage two and stage three. I'm a little bit nervous about making a recommendation relative to stage three only mainly because I'm afraid then our recommendation will sort of like be put on like a backburner. No one is going to pay any attention to it and, as a result, we're not going to get the progress we want. I think we should make a recommendation that says for stage two, if possible, we should do this, and then if not possible, for stage three. I don't know what the cutoff date is for stage two, but by doing it that way, I'd like to keep this thing on the front burner. As Carl said, I'd like to be signaling. I'd like the Standards Committee to work on it and signal something to the vendor

community so that they can start working on it soon. Otherwise, I'm afraid everyone is going to go to sleep on this thing because there's tons of other things they've got to do.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Carl Dvorak – Epic Systems – EVP
I agree with you, Paul. I think definitive knowledge of what to do is critical to get as soon as possible, and then I would just be a little bit more merciful on the customers out there, so they didn't have to ….

Paul Egerman – Software Entrepreneur
Yes, I understand what you're saying, Carl. But if we say just stage three, the Standards Committee isn't going to work on it for another year or two.

Carl Dvorak – Epic Systems – EVP
Right.

Paul Egerman – Software Entrepreneur
Because they've got tons of things to do.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
We could recommend that it get incorporated with the caveat or let them add the caveat, like with public health, that only if available, so you're not going to hold anyone accountable for it if it's not available.

David Lansky – Pacific Business Group on Health – President & CEO
Back to the meaningful use discussion on Friday, there is some notes in the draft recommendation for two and three, which speak to the HIE functionality. Actually, they proposed a consultation with us around this issue. I think, to address this concern of stages two and three and how to phase a set of requirements, which will point everybody in the right direction, including the vendors. Also the providers, I would suggest that we should ask maybe a little mini taskforce of maybe Walter and Jonah and whoever else, along with Paul Tang and a couple of meaningful use people. To have a side conversation to try to synch up this set of issues because I think there's a lot of common interest by the Standards Committee, the Meaningful Use Workgroup, and our workgroup in developing a nice staged process to drive this forward. I think a small subgroup could probably come back with a recommendation to all three groups as to how to make this happen, given the spirit of this discussion.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. I think that's a great idea. Did you say a couple members from the Standards Committee as well?

David Lansky – Pacific Business Group on Health – President & CEO
Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
We've already got Walter. Walter is … this committee.

David Lansky – Pacific Business Group on Health – President & CEO
Yes, right.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes. I think it's a great idea. Other people in agreement with that?

Gayle Harrell – Florida – State Representative
I think it's imperative that if that's going to happen, it happen as soon as possible. This is a basic building block of interoperability, and you really … exchange. So it needs … timeliness to it.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes.

Gayle Harrell – Florida – State Representative
So it needs to happen as rapidly as possible if that is the direction we go.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. Yes, like this week even.

Gayle Harrell – Florida – State Representative
Yes, like this week or next week.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
I think that's right. A week from ….

Paul Egerman – Software Entrepreneur
I think Gayle meant today. I think Gayle meant that she'd like to do this today, right?

Gayle Harrell – Florida – State Representative
You got it.

Paul Egerman – Software Entrepreneur
… I heard.

David Lansky – Pacific Business Group on Health – President & CEO
Why don't we identify a couple people from our group today who want to do that, and then we can ping Paul Tang, and I can send around a copy of the current draft specs, which include, under care coordination, a couple of these specific HIE data exchange objectives? Maybe we can just get that in the— Maybe Judy can help us schedule something across the multiple committee?

Judy Sparrow – Office of the National Coordinator – Executive Director
I'll do that, David.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
That sounds great. I'd certainly like to be involved. Jonah and Walter, I assume. Anyone else who would like to participate in that?

Paul Egerman – Software Entrepreneur
I'm happy to participate if the time works. I've got a hearing that Deven and I are doing on Thursday, so … works in my schedule, great. If not, then that's fine too.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Great. David, you'll work to circulate that stuff?

David Lansky – Pacific Business Group on Health – President & CEO
Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Perfect. Thank you. We've dealt with this, I think, this meaningful use question. The other one was the one that Walter raised about state level funding and perhaps a tie to that lever. Walter, your thought there was – was it just as simple as that that a recommendation that state level funds expended on directories ought to be aligned with this set of standards and approaches? Again, we get into a timing issue because they're spending money now, and we don't have the standards out now.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
No. Yes, I think the HIE part is sort of two parts really. One is aligned with what we just talked about with meaningful use, so the expectation that more HIE will be happening, more exchanges will be happening

in stage two and three, or required to happen in stage two and three. In order to support those exchanges, certainly we need to have this system be capable of using provider directories. It goes along with that, but the other part is just sort of the expectation that state HIEs are going to be also supporting or are supportive of the provider directory system. There is no meaningful use requirements in state HIEs, but there are other things like PINS, the policy information notices, that are issued to state HIEs and other contract entities or entities that receive federal funds to provide some guidance.

My suggestion was really to give some sense of direction to state HIEs that this is coming down the pike in the next year. That they should be expected to be capable of supporting those provider directories and using the same standards and using the same tools that are used in these provider directories to fulfill their information exchange requirements and needs. It's really more a direction to ONC to advise or to inform state HIE grantees that this is coming and that they should be capable into the future of supporting them.

David Lansky – Pacific Business Group on Health – President & CEO
Right, so it may be we need to have the small group conversation first before we can get sort of clarity on what that kind of recommendation would look like, especially with regards to the Standards Committee and how fast they might be able to do something. The concern I have is just looking at the first PIN notice that came out in July, number one, which I thought was extraordinarily helpful. It was really helpful because it was clear and concise and very concrete. I just worry that we're not in a position right now to say anything that's concrete. Or to recommend anything that could be concrete without an understanding from the Meaningful Use Workgroup, but also from the Standards Committee about when such guidance might be able to be available that would actually be actionable on the part of a state level HIE fund recipient.

Gayle Harrell – Florida – State Representative
I'd like to address that. I think state level HIEs are still formulating, although there's money being expended, so it's a difficult situation for them right now. I don't know quite where, again, unless you have something that's pretty concrete that you're going to direct them to do, they're going to have to meet. They're going to have people needing to meet meaningful use. So if you tie things to meaningful use, you really have tied it to HIE, state funded HIEs as well. Without something very concrete to tell them what to do, I don't know exactly where we're going to go with this.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. David, Jim Golden, Jonah, Dave Goetz, all of you are involved in state level activities, what's your sense on that?

James Golden – Minnesota Dept. of Health – Director of Health Policy Division
My sense of it is I do think it's very appropriate to put the state HIEs on notice that to the degree that they're spending money … they do need to be prepared to … whatever comes out of the ELPDs moving forward. Understanding that, in the short term, there might have to be some temporary solutions until there is a more complete national solution. So, from that standpoint, I think it's … appropriate … notice. One thing I would say is I'm also wondering if it may not be appropriate also to make a recommendation that ONC try to put some … on notice as well. So in thinking about … that are doing exchange at a more national level like SureScripts or perhaps some of the EMR vendors, I think that they too, as part of the NHIN governance, should be … to use whatever we end up with as an ELDP as well.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Those are great points. Are others in agreement with what Jim just said? Let me flip that. Does anyone object to what Jim just said?

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary
Yes. We do need to try to make and communicate the need urgency for state HIEs. We have to give them guidance, but it's important that if we're trying to make recommendations to align how these directory services could potentially be established, we need to make sure that there's coordination at the state level, so ….

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. Okay. All right. Great. I think the last thing that … would love to know, any other thoughts that people have obviously are most welcome is just this question of NHIN Exchange, Direct, is there something that we want to say about that, or is that already implied in everything that we've been talking about? But I think it also bleeds over into the question of governance and perhaps the governance workgroup. Is there something about ELPD governance that we want to recommend or convey to the governance workgroup?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
I do think NHIN Exchange and Direct are implicit, and maybe they need to be explicit, but it is intended to be really all part of— I mean, basically this provider directory be supportive of NHIN Exchange, NHIN Direct, and any other exchanges. From my perspective, they are included. Now to your point of governance, yes, I do think that is one major item that is maybe separate from participation and sustainability. We should have a separate big item here that talks about governance of the provider directory and that maybe the recommendation is to have jointly worked that out with the governance workgroup.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right. I'm not on that workgroup, so I'm … up to where they are. I did hear a little bit of John Lumpkin's testimony from the last Policy Committee meeting, and I know they were given some direction to refine some points before the Policy Committee moves with recommendations. Do we think it's enough to say that ELPD, we think that ELPD governance is a part of NHIN governance and, therefore, ought to be something that they specifically address? Is that enough, or do we think that we need to give more direction?

Paul Egerman – Software Entrepreneur
I think you could say a little bit more. I think that provider directory is the governance vehicle. In other words, it's a way to, if you wanted to, dis-enroll somebody from the exchange, you could possibly remove them from the directory as one of the tools that would be available to the governance function. I think somehow we should point that out.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Gayle Harrell – Florida – State Representative
I think that's a very powerful tool.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Gayle Harrell – Florida – State Representative
You can be removed, and governance is probably one of the most important discussion that … to be had. I don't sit on that committee, but I know that that is how this thing is all going to work really depends to a large degree on how that governance structure is established. Certainly being part of NHIN is, to me, it doesn't even have to be discussed. You have to meet meaningful use. If this becomes part of meaningful use requirements, then of course, I mean, that's part and parcel of it.

Paul Egerman – Software Entrepreneur
Picking up on what Gayle said about being powerful, it occurs to me for the people who are not under the meaningful use umbrella. This could also then be a powerful tool to make sure they comply with the various things.

Gayle Harrell – Florida – State Representative
Yes.

Paul Egerman – Software Entrepreneur
If you're, I don't know, a commercial lab or an independent lab or a retail pharmacy or something, to be listed.

Gayle Harrell – Florida – State Representative
Yes.

Paul Egerman – Software Entrepreneur
To be de-listed would be serious.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Paul Egerman – Software Entrepreneur
Possibly serious because then you might lose some connection to a lot of other people, so I think we should point out this is potentially a powerful tool that the governance function should consider.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Gayle Harrell – Florida – State Representative
Absolutely.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
I think I'm even hearing, I mean, it's governance of provider directories is not just a component of governance across the board. I'm hearing that actually the governance of provider directories can be a foundational element in the overall governance structure.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Gayle Harrell – Florida – State Representative
Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
One of the … levers that they have. Yes, I agree.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Yes, so is that not just let's add this to the governance. It's really, governance, a major foundational element of governance is really the governance of the provider directories.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right.

Gayle Harrell – Florida – State Representative
Yes.

Deven McGraw – Center for Democracy & Technology – Director
I'm not disagreeing, but I think the ultimate power in being de-listed is going to be much more dependent on just how important it is to be able to robustly exchange with a wide array of data partners. Because, if you don't really have to do that, then whether you're listed in the directory or not is not really that big of a deal.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Right, certainly true. We're getting to the end of our allotted time, so I'm not going to try to restate everything that we've said here. But I think I would ask for people to generally agree to the following

proposition, which is that it seems like on a variety of dimensions, we have reached a fair amount of—well, not a fair amount—a consensus around a bunch of core principles that we will articulate and send back out to you for your review and confirmation. But that it seems like we have enough to go forward with a set of what I think are meaningful recommendations on the 13th. Are people, in general, in agreement with that?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
I may reach out to some specific people to just sort of put on paper via e-mail things that you may have said in very nice ways that seemed to be the basis of the consensus. But with that, I think I need to turn it over to Judy for the public comment.

Judy Sparrow – Office of the National Coordinator – Executive Director
Right. Thank you, everybody. Operator, can you please check with the public and see if anyone wishes to make a comment to the workgroup?

Coordinator
Richard Braman, please proceed with your comment.

Richard Braman – EHR Doctors, Inc. – CIO
This is Richard Braman from EHR Doctors. We're a health information exchange in Florida, and a member of the NHIN coordinating committee. I did have some questions regarding the interaction with the IHE provider directory profile, if that can be elaborated on slightly. I also wanted to get a little bit more information about how you envision the national registry and this multiple registrar environment working.

Judy Sparrow – Office of the National Coordinator – Executive Director
Does anyone want to respond to that or just take the comment?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
I'm not sure. On your first question, I think that there is, if I'm understanding correctly, I think that there is an IHE, HPD profile.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
There is, Micky. Yes, I have a copy. It is available.

Richard Braman – EHR Doctors, Inc. – CIO
Yes, I did see it. I'm just wondering. Does that profile, because I haven't read it through, and I intend to, is that profile just kind of an inter-organization profile, or is it something that can apply to a federated model like you guys are working towards?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
I think it can be applied to a federated model, and I think that is the kind of standards and the standard profile document that the Standards Committee will look into to determine which are the standards that will support the recommendation from the Policy Committee.

Richard Braman – EHR Doctors, Inc. – CIO
Are there implementations of that profile out there that you're aware of?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
There are a number of implementations. There are, during connect-a-thons and during demonstrations, and the interoperability showcase, there are demonstrations of provider directory profiles, and there are certainly tools in existence or vendors and vendor products that support that.

Richard Braman – EHR Doctors, Inc. – CIO

Is that vendor product list something that could be made available to the community as a whole, or is that something you'd have to get an IHE and ask for? Is there … conformance …?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Yes. I don't know that there is a list. There's probably the people within IHE that support this profile know which vendors support the profile itself, so it's not like there's a single place with a list of … vendors that support this profile already.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Can I suggest that this information gathering either, Richard, if you wouldn't mind reaching out offline? I think we'd be happy to provide you with any more information … available to IHE. On your other point, I don't think— I mean, I think, as you've heard from this conversation, we've elucidated some principles related to the structure of what this might look like. But we're really making a set of recommendations related to, from an overall policy perspective, of kind of what the framework ought to be, but turning much of that over to the Standards Committee for further elaboration of particular points on it with an understanding that there may be some iteration back and forth with them. But I think that we're almost at the point where we've defined it as much as we think we need to, so I don't think that we can answer any more for you on that question of what it would actually look like.

Richard Braman – EHR Doctors, Inc. – CIO
So that will be the standard committee determining how things will actually work?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Yes.

Richard Braman – EHR Doctors, Inc. – CIO
When do they meet …?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
I would just direct you to the ONC Web site. All of the schedules are there.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you, Mr. Braman. Do we have any other comments?

Coordinator
We do not have any more comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you, everybody.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO
Great. Thank you, everyone.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO
Bye-bye.

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Thank you.